



ANNUAL REPORT FORM FOR STATE PROGRAM APPROVAL
Education Standards and Practices Board
SFN 52213 (02)



ND ANNUAL REPORT Professional Education Data System (ND PEDS)

Return to:

Education Standards and Practices Board
State Capitol, Dept 202
600 East Broadway Avenue
Bismarck, ND 58505-0080

Submit by:

October 1 of the following fall
Year covered by this report: _____ (mo/yr to mo/yr)
Date submitted: _____ (month/day/year)

PLEASE NOTE:

- Institutions that are state approved (non-NCATE) must submit this state annual report form.
- Institutions who already complete the AACTE/NCATE Professional Education Data System (PEDS) Report may submit a copy of that report to the office of the ESPB by October 1 in lieu of completing this state form.
- The annual report (PEDS) does not need to be submitted if your on-site visit took place within the past year.
- All institutions must, however, submit the North Dakota ESPB Program Summary Form showing programs offered and program completers to the ESPB every year for determination of teacher shortage areas.

Section A: INSTITUTION PROFILE & CONTACT INFORMATION

Date of your institution's last on-site visit: _____ (mo/year)

If you are responding to standards and weaknesses from the previous visit, please indicate:

- ☐ Information is attached (N-1 through N-5).
☐ No attachment is being submitted with this report

Unit head signature _____

1. Name of Institution (include complete address and phone number). This information will be used in all official references to your institution.

3. Designated head of professional education unit: (include complete address, phone, fax, and email)

4. If the head of the professional education unit differs from the person on the last annual report, when did his/her term begin?
Month _____ Year _____

2. Chief executive officer of institution: (include complete address and phone number)

5. Name of professional education unit:

Institution: _____ Period of This Report m/ y/ to m/ y/ .

PROFILE & CONTACT INFORMATION

<p>6. Programs / degrees offered by the institution that prepare educational personnel for roles in P-12 schools: (check beside all degrees and recognized programs offered)</p> <p><input type="checkbox"/> Bachelor's</p> <p><input type="checkbox"/> Post-bachelor's</p> <p><input type="checkbox"/> Fifth-year</p> <p><input type="checkbox"/> Master of Arts in Teaching</p> <p><input type="checkbox"/> Master's</p> <p><input type="checkbox"/> Specialist or C.A.S</p> <p><input type="checkbox"/> Doctoral</p> <p><input type="checkbox"/> Other (please describe)</p>	<p>10. Control: (check only one)</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private</p>
<p>7. Type of Institution (check only one)</p> <p><input type="checkbox"/> A single-campus institution</p> <p><input type="checkbox"/> A branch-campus of a parent institution (please give name of parent institution)</p> <p><input type="checkbox"/> A main campus (parent institution with one or more branch campuses and/or other campuses)</p> <p><input type="checkbox"/> An administratively equal campus of a multicampus institutional system (please give the name of the system)</p> <p><input type="checkbox"/> A consortium</p>	<p>11. If the institution is a member of any of the following organizations, check the appropriate blank(s):</p> <p><input type="checkbox"/> ACSESULGC/APU: Association of Colleges and Schools of Education in State Universities and Land-Grant Colleges and Affiliated Private Universities</p> <p><input type="checkbox"/> AILACTE: Association of Independent Liberal Arts Colleges for Teacher Education</p> <p><input type="checkbox"/> NAFEO: National Association for Equal Opportunity on Higher Education</p> <p><input type="checkbox"/> NCATE: National Council for Accreditation of Teacher Education</p> <p><input type="checkbox"/> TECSCU: Teacher Education Council of State Colleges and Universities</p> <p><input type="checkbox"/> Holmes Partnership</p> <p><input type="checkbox"/> HACU: Hispanic Association of Colleges and Universities</p>
<p>8. Unit of credit awarded for completion of coursework:</p> <p><input type="checkbox"/> Semester hour</p> <p><input type="checkbox"/> Quarter hour</p> <p><input type="checkbox"/> Other (please describe)</p> <p>_____</p>	
<p>9. Contact person for the Annual Report:</p> <p>Name</p> <p>Title</p> <p>Institution</p> <p>Mailing Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Phone</p> <p>E-Mail</p> <p>Fax</p>	<p>12. Institutional Accreditation and Affiliations</p> <p><input type="checkbox"/> AABC-Accrediting Association of Bible Colleges</p> <p><input type="checkbox"/> MIDDLE STATES Association of Colleges and Schools</p> <p><input type="checkbox"/> NEW ENGLAND Association of Schools and Colleges</p> <p><input type="checkbox"/> NORTH CENTRAL Association of Colleges and Schools</p> <p><input type="checkbox"/> NORTHWEST Association of Schools and Colleges</p> <p><input type="checkbox"/> SOUTHERN Association of Colleges and Schools</p> <p><input type="checkbox"/> WESTERN Association of Schools and Colleges</p>

Institution: _____ Period of This Report m/ y/ to m/ y/ .

ENROLLMENT

13. Total institutional enrollment:	Undergraduate Programs	Graduate Programs
Full-time Students		
Part-time Students		

14. Enrollment in Professional Education Unit (students formally admitted and enrolled in professional education programs):	Undergraduate Programs	Graduate Programs
Full-time Students		
Part-time Students		

15. Characteristics of Full-time Students Enrolled in Professional Education Unit:	Undergraduate Programs	Graduate Programs
Gender: Female		
Male		
Unreported		
Racial/ethnic Origin:		
U.S. Students:		
American Indian/ Alaskan Native		
Asian/Pacific Islander		
Black, Not Hispanic Origin		
Hispanic		
White, Not Hispanic Origin		
Other		
Nonresident Aliens:		
Unreported/unknown:		

Institution: _____ Period of This Report m/ y/ to m/ y/.

PROGRAM COMPLETERS

Please provide numbers for all completers who would be eligible for recommendation for North Dakota educator licensure.

Please also attach and submit the North Dakota PROGRAM SUMMARY FORM (SFN 14380) with this Annual Report Form. The PROGRAM SUMMARY FORM supplies detailed information on the number of individuals completing each of the professional education programs at the institution during the report year indicated.

16. Characteristics of Education Program Completers	Undergraduate Programs	Graduate Programs
Total Completers:		
Gender: Female		
Male		
Unreported		
Racial/ethnic Origin:		
U.S. Students:		
American Indian/ Alaskan Native		
Asian/Pacific Islander		
Black, Not Hispanic Origin		
Hispanic		
White, Not Hispanic Origin		
Other		
Nonresident Aliens:		
Unreported/unknown:		

Institution: _____ Period of This Report m/ y/ to m/ y/ .

PROFESSIONAL EDUCATION FACULTY

Please supply the number of individuals who teach one or more courses in professional education, provide professional services to education students (e.g., advising or student teaching supervision), or administer some portion of the professional education unit during the fall term. This includes individuals from outside the professional education unit that are directly involved in providing services listed above but would not include cooperating teachers unless they hold faculty rank. Faculty in departments other than education (e.g., arts and sciences) should only be included if they also teach a professional education course (such as secondary instructional methods or instructional technology), supervise student teachers, or otherwise have some direct responsibility to the professional component of the program (see additional information in ND Program Approval Procedures, Faculty Vitae). Please record "0" in the blank if there are no individuals in a given category.

17. Faculty characteristics:	I. Appointed full-time in professional education	II. Appointed part-time in professional education, full-time in institution	III. Appointed part-time in professional education, not otherwise employed by institution	IV. Graduate teaching assistants appointed in professional education
Total:				
Gender: Female				
Male				
Unreported				
Racial/ethnic Origin:				
U.S. Faculty:				
American Indian/ Alaskan Native				
Asian/Pacific Islander				
Black, Not Hispanic Origin				
Hispanic				
White, Not Hispanic Origin				
Other				
Nonresident Aliens:				
Unreported/unknown:				

Institution: _____ Period of This Report m/ y/ to m/ y/.

FACULTY RESPONSIBILITIES

Give the number of professional education courses (count each section of a course separately) taught by individuals from the groups defined above in number 17: Faculty Characteristics I, II, III & IV. Allocate sections according to identified instructor of record. (Note: Total should equal the number of sections offered during the fall term. Team teaching assignments, if any, should be annotated).

18. Staffing: Course Teaching Loads	I.	II.	III.	IV.
Total:				

19. Faculty Size and Teaching Load Per Term-for faculty members appointed full-time in professional education.	number
a. How many faculty members teach only undergraduate courses?	
What is the total number of credit hours taught by faculty members?	
What is the average number of credit hours taught by faculty members?	
What is the total number of courses taught by faculty members	
What is the average number of courses taught by faculty members? (Count each section of a course separately.)	
b. How many faculty members teach only graduate courses?	
What is the total number of credit hours taught by faculty members?	
What is the average number of credit hours taught by faculty members?	
What is the total number of courses taught by faculty members?	
What is the average number of courses taught by faculty members? (Count each section of a course separately.)	
c. How many faculty members teach both undergraduate and graduate courses?	
What is the total number of credit hours taught by faculty members?	
What is the average number of credit hours taught by faculty members?	
What is the total number of courses taught by faculty members?	
What is the average number of courses taught by faculty members? (Count each section of a course separately.)	

20. Student Teaching Supervision	
a. How many teacher candidates participated in a student teaching experience during the academic year?	
b. How many faculty members (FTE) were assigned to the supervision of student teachers during the academic year?	
Of this number how many faculty (FTE) are:	
University based/Adjunct?	
School based/Adjunct?	
University based?	

Institution: _____ Period of This Report m/ y/ to m/ y/ .

RESOURCES

TWELVE (12) month report year: _____ to _____

(NOTE: Report year in the Resources section may differ from that used for earlier items. Institutions will generally report student and faculty data per academic year and resources per fiscal year.)

21. Personnel Resources	FTE
a. How many administrators are in the unit?	
b. How many clerical staff members are in the unit?	
c. How many other support staff members are in the unit? (include graduate assistants not listed under 17)	

22. Fiscal Resources	(round to nearest dollar)
Budgeted Funds	
a. What was the amount budgeted (regular budget from the institution) for the professional education unit, including salaries?	
b. Of the amount in item a, approximately how much of the unit's budget supports professional education?	
c. What was the amount budgeted for faculty professional development (including travel) during the report year? (Do not include student teaching supervision)	
d. What was the amount spent on faculty professional development (including travel) during the report year? (This figure should include expenditures from the unit budget and other resources, but not student teaching supervision.)	
External Funds	
e. Approximately what amount for professional education programs was funded from sources outside the institution (e.g., grants, foundation or governmental support)?	
f. Approximately what amount for professional education programs was funded from other institutional sources not included in 22d?	

23. Library Expenditures. How much was spent for each of the following during the report year? (Include computer software in non-print. Round to the nearest dollar).	Institutional Library Total Institution	System Expenditures for Education Resources	Professional Education Unit Expenditures
a. Print: Books			
Periodicals			
b. Non print			

Institution: _____ Period of This Report m/ y/ to m/ y/.

Annual Report on New Programs or Standards and Responses to Previous Decisions
(This section does not need to be submitted if your institution had an on-site visit during the past academic year.)

N-1 Identify and additions or deletions of professional education programs within the unit which occurred during the report year.

N-2 Describe and major changes occurring during the report year that affect the professional education unit. Examples of major changes might be an increase in student enrollment, resource enhancement or reduction, changes in student ethnic/racial composition, faculty load requirements, or shifts in administration.

N-3 Describe the evaluations of professional education programs which were conducted during the report year. Please include state reviews, status of any folio submissions, or other professional accreditation reviews.

Institution: _____ Period of This Report m/ y/ to m/ y/.

N-4 (You must respond to this question only if the unit has received accreditation under the current standards and procedures. If this question applies, please complete the attached page(s) based upon that previous decision.)

Describe the progress made in the past year by the unit in addressing unmet standards and weaknesses for the unit and/or individual programs. If the weakness has been resolved and reported on previous annual reports, simply indicate so, additional narrative is not required. Please summarize the progress in the space provided. If additional documentation is required it will be requested. These responses serve as primary documentation for the five-year continuing accreditation review and program approval files.

N-5 Describe the progress made during the past year on the transition to performance-based assessment required in the NCATE 2000 unit standards and North Dakota Program Standards (August 1, 2002 revision). Information may include a synopsis of changes in the overall unit assessment plan and procedures, in articulation of the assessment plan between the education unit and arts and sciences specializations, and methods for assessing and benchmarking individual candidates' progress. Information gathered prior to the standards becoming mandatory in 2001-2002 will be used only to gauge the progress of the state's institutions toward these goals. Information gathered after the standards become mandatory will become part of the five-year review process.

Institution: _____ Period of This Report m/____y/____ to m/____y/____.

TITLE II REPORTING

ADDENDUM to the ANNUAL REPORT FORM FOR PROGRAM APPROVAL

Title II-1. Student Teaching

_____ average number of hours per week required of student participation in supervised student teaching in these programs

_____ total number of weeks of supervised student teaching required

_____ total number of hours required

Please include additional explanation of student teaching requirements for special situations such as double majors and P-12 areas:

Title II-2. State approval or accreditation of teacher preparation programs

A. Is your teacher preparation program currently approved or accredited by the state?

☐ Yes ☐ No

B. Is your teacher program currently under a designation as “low-performing” by the state (as per section 208 (a) of the HEA of 1998)?

☐ Yes ☐ No

Title II-3. Contextual Information (optional). Please use this space to provide any additional information that describes your teacher preparation program(s). You may also attach information to this questionnaire. (Page 8 of the “Reference and Reporting Guide for Preparing State and Institutional Reports on the Quality of Teacher Education” manual indicates information that may be included in this portion.)

Institution: _____ Period of This Report m/ y/ to m/ y/.

Title II-4. CERTIFICATIONS

A. I certify that, to the best of my knowledge, the information in this report is accurate and complete and conforms to the definitions and instructions used in the Reference and Reporting Guide for Preparing State and Institutional Reports on the Quality of Teacher Preparation.

Signature

Typed name of responsible institutional
representative for teacher preparation program

Title

B. I certify that I, as President/Chief Executive of this institution, have reviewed the information in this Institutional Report on the Quality of Teacher Preparation.

Signature

Typed Name of President/Chief Executive (or designee)

Title